MAXIMUS
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Response to Request for

Input on Rhode Island's Health Benefit Exchange Contact Center

Prepared For

State of Rhode Island
Health Benefits Exchange

January 18, 2012

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Angela Sherwin, Assistant Director
Rhode Island Health Benefits Exchange
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RE: MAXIMUS Response to the Request for Input on Rhode Island's Health Benefits Exchange Contact Center

Dear Ms. Sherwin,

MAXIMUS is pleased to provide input regarding Rhode Island's Health Benefits Exchange Contact Center. For nearly 40 years, MAXIMUS has partnered with federal, state, and local governments to make public health insurance programs run effectively for the individuals and families they serve. MAXIMUS operates more than 60 health and human services contact centers across the nation.

Our response reflects the mission, vision, and guiding principles set forth by the Exchange Board and addresses the guiding principles outlined by the Consumer Support Workgroup. Our comments are distilled from our operational and technical experience standing up and operating high profile public health insurance customer services and engaging in procurement processes, with the ultimate goal of aligning our services to the client's program goals.

We thank the Exchange for the opportunity to offer our input. We understand this information will inform your Exchange Contact Center RFP and we have done our best to provide useful, detailed information.

If you have any questions, please contact me at ilenebaylinson@maximus.com or 202-494-6303.

Thank you,

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Introduction and Context

Procurement of the Rhode Island Health Benefits Exchange Contact Center will occur within several contexts that, while different, share common goals and operational considerations. These are:

- **A continuum of coverage:** 2014 will bring momentous changes to the Rhode Island health insurance landscape. In addition to employer-sponsored, government-sponsored, and individual insurance currently available, new subsidized and unsubsidized coverage avenues will become available through the Exchange (individual and SHOP) and possibly the Medicaid expansion (depending on the State's decision in this regard). It will not be unusual for families to have children and parents simultaneously eligible for different coverage options based on income, family size, pregnancy status, and other health-related factors such as a disability.
- **A team of state agencies and vendors:** Technology, customer service, outreach and in-person assistance, eligibility services at local Department of Human Services (DHS) offices, and health benefits coverage will emerge from a combination of private and public sector entities that collectively form the operational infrastructure to support the continuum of coverage.
- **Ambitious and inflexible deadlines and legal constraints:** The Affordable Care Act (ACA), and its associated rules and federal guidance, offer opportunity as well as risk. The former is health insurance for hundreds of thousands of Rhode Island families and individuals. The latter is a roadmap to 2014 with little or no margin for error.

The State's ability to reconcile these factors in the interest of the Rhode Islanders it intends to serve will depend, to a significant extent, on the implementation and operational strategies articulated in its procurements as well as the priorities and evaluation criteria that will inform the selection of its vendors.

The observations and considerations laid out in this document are designed to help the Rhode Island Health Benefit Exchange Board advance its first guiding principle of an exceptional customer experience through a strategically sound Contact Center procurement approach.

Before we respond to each of the Core Contact Center Requirement Areas, we frame our input within the context of the Consumer Support Guiding Principles as articulated by the Consumer Support Workgroup, as shown in *Exhibit 1: Broad RFP Design Considerations*.

Guiding Principle	Potential Impact on Contact Center RFP
Exceptional customer experience through: ▪ Advanced and shared technology ▪ Skilled and well-trained workforce	▪ Rhode Island consumers will bring varying degrees of comfort and facility with automated, self-service tools, thus requiring a continuum of low touch to high touch options ▪ Recruitment, hiring, and training must respond to the unique cultural, linguistic, and educational attributes of the entire uninsured and under-insured population, including the large cohort of Medicaid recipients
Multiple communication channels and support tiers	▪ A consumer should receive the same level of satisfaction, regardless of how he/she initiates contact and interacts with the Exchange and its related programs on an ongoing basis ▪ Staffing, infrastructure, and electronic communication options should embrace a broad continuum of communication preferences, from those who rely almost exclusively on electronic means (such as texting and e-mail) to those who are only comfortable with person-to-person interactions

Guiding Principle	Potential Impact on Contact Center RFP
No Wrong Door	▪ The Contact Center must be run by a vendor with strong operational credentials and experience across the entire target population ▪ While the income, literacy, and cultural features of the customer base will vary widely, each consumer must reach his/her coverage destination with the fewest possible steps and the level of facilitation and assistance that is most appropriate to him/her
Integrated Experience	▪ A potential vendor must be able to empirically demonstrate an ability to deliver a high quality customer experience across a broad cross-section of the target population ▪ Quality assurance, staffing, and business processes must account for significant variances in customer assistance demand, including those that are predictable (open enrollment) and those that are not (the loss of a health plan)
Customer Accessible	▪ Staffing, quality assurance, and multi-channel access design must account for the most common languages within the target population ▪ Individuals with disabilities must be fully accommodated ▪ Prospective vendors must be able to demonstrate strong capabilities and functional experience serving consumers with diverse communication needs
Unbiased health plan selection support	▪ Prospective vendors must demonstrate an ability to walk the fine line between helpful support to those who are confused or intimidated by their health plan choices and directing or implying a particular selection ▪ Health plan selection support must respond to the relatively low levels of understanding that many health insurance consumers have about a complex and hard-to-understand product
One stop shopping	▪ Self-service and highly assisted support should be blended in a way that empowers and encourages all consumers and achieves first call resolution
Build on existing consumer support systems and resources	▪ Prospective vendors must demonstrate a history of working collaboratively and productively with state workers that share application processing and customer support duties with them ▪ Where possible, take advantage of existing infrastructure, quality assurance teams, subject matter experts, and telephony technology

Exhibit 1: Broad RFP Design Considerations.

The Contact Center RFP will be the blueprint for how hundreds of thousands of Rhode Island individuals, families, employers and employees learn about the State's health insurance options, decide whether to apply and enroll, find answers to their questions, and respond to time-sensitive program requirements like open enrollment or missing information notices.

In designing the RFP, we encourage the State to think about how the Contact Center will help specific Rhode Islanders. Consider, for example, a family in which the father is eligible for subsidized Exchange coverage, the pregnant mother and a teenage daughter for RIteCare, and a disabled son for Medicaid. Later, when the mother gives birth, the infant would qualify for RIteCare while the mother joins the father in the Exchange. If the father changes jobs, subsidized coverage in the Exchange may no longer be available, depending on the cost of the employer's coverage in relation to his income. The father is monolingual Spanish and both parents have low literacy skills. While they have experience with Medicaid for their disabled son, through the assistance of a local advocacy organization, they are likely to be confused about the other health insurance opportunities for which they qualify. The teenage daughter can help them navigate this difficult terrain, but she is highly oriented to web-based and mobile technologies, the opposite of her parents.

It is not hard to see from this example how important it will be to select the Contact Center vendor based on an RFP design that views the inherent complexity of the coming health insurance landscape as a tremendous opportunity to help people rather than as a business proposition or a profitable expansion of an existing operation.

The considerations and suggestions that we offer in this document are intended to help the Exchange meet its ambitious and laudatory consumer goals within a model that is financially sustainable and that will promote a high probability of success during the implementation period and accountability during the steady-state phase.

Implementation and Start-Up

The RFP must begin with an understanding of the criticality of implementation and initial start-up. Whether the Contact Center is ready to deliver exceptional customer service on its first day will depend on the following factors:

- **Realistic implementation timeline:** There must be enough time to put all the people, training, technology, quality assurance methods, security and privacy safeguards, and reporting in place. A vendor's ability to do that will depend on when the Contact Center contract is signed in relation to the Go Live date, which is a function of the imposing and inflexible federal deadlines. That, in turn, will be driven by the procurement, evaluation, and negotiation timeframes.
- **Experience with the entire range of Contact Center consumers:** Since ACA's passage, it has been tempting to envision an Exchange as an online marketplace similar to Expedia or Amazon. Under this vision, a Contact Center fits a commercial model that is designed more as a Help desk for online services than a place for all consumers to get help, regardless of how much they already know or how they prefer to transact their personal business. This is not only non-compliant with ACA's requirements for multi-channel access (a goal that is reiterated by the Exchange's consumer principles), it is also inconsistent with the fact that a large portion (perhaps even a majority) of individuals who use the Contact Center will be RiteCare-eligible. Given how little time will be available for the implementation, there will be no opportunity for "on-the-job training" regarding effective interaction with low-income and culturally diverse populations. The selected vendor must have the necessary knowledge of, and experience with, the target population on the day the contract is signed.
- **Economies of scale and taking advantage of existing resources:** The risks of a short implementation timeline are magnified if a vendor is largely starting from scratch. To the extent possible, the State should encourage proposals that take advantage of existing capabilities and infrastructure. In doing so, however, care must be taken not to sacrifice other critical long-term goals, such as knowledge and experience with the full range of Rhode Island consumers.
- **Coordination with local resources:** A procurement timeline that short-changes the implementation period will leave little opportunity to engage with local advocacy groups and Navigators. That will be a lost opportunity because local organizations that are close to Exchange and Medicaid constituencies are in a strong position to advise the Contact Center regarding effective communication with sub-populations with specific cultural, linguistic, and literacy attributes.
- **Efficient evaluation process:** The amount of time the evaluation process takes will be proportional to the number of proposals received. While it is in the State's interest to maximize competition, this should not be done at the expense of inviting unqualified or marginally qualified vendors to respond.

In view of these considerations, we believe a procurement timetable should provide for an implementation period of no less than five months from contract execution. Because vendors will need at least a month to prepare a responsive proposal, we encourage the release of an RFP as close to March 1 as possible.

Contact Center General Requirements

The time constraints enumerated above point to several RFP design elements that are virtual pre-requisites to a successful and on-time implementation:

- **Experience and Knowledge of the Target Population:** Limiting the procurement only to vendors with a mix of commercial and public sector experience will save evaluation time and prevent the state from raising expectations with vendors who lack the necessary background and knowledge. Ideally, the public sector experience requirement should either stipulate Medicaid and CHIP contact centers as a prerequisite or provide evaluation criteria that explicitly rewards this kind of experience compared to other forms of public sector experience.
- **Building on existing investments and infrastructure:** Given that there is no margin for error in the overall timeline, the RFP should limit proposals to expansion of existing contact center operations. To achieve maximum competitiveness in the procurement environment, these existing operations could be in other states so long as they are within a reasonable distance for periodic state oversight visits. Any state in New England is likely to meet that criterion. Leveraging an existing operation simplifies and shortens the following tasks: site location and acquisition; infrastructure planning and build-out; technology design and installation; hiring; training; and quality assurance.
- **Sufficient capacity from the start:** It is not uncommon for contact centers to roll out under one set of assumptions only to quickly discover that they lack the capacity to meet the actual demand. This is frequently the case with "pent-up demand," in which services that were previously unavailable suddenly are there for the taking. It is also the case when outreach and marketing efforts succeed beyond the initial assumptions. The vendor pool should be limited only to entities that can demonstrate strong internal capacity and the ability to quickly add additional capacity on short notice, including by temporarily redirecting certain kinds of calls to another contact center with a similar scope of work. This helps to avoid a situation where the customer service aspirations of the Exchange are dashed on well-meaning but incorrect assumptions.
- **Articulate the respective responsibilities of the UHIP and Contact Center vendors in the event of non-performance:** While we appreciate a business model in which separate vendors are responsible for the high tech (technology) and high touch (customer service) deliverables, this model also poses risk, particularly in the event of missed deadlines, readiness review failures, or operational breakdowns once the project goes live. To avoid a finger-pointing environment, in which accountability and quality assurance break down among the vendors, the State will benefit from a clear articulation of how each vendor's responsibilities will be defined and evaluated when problems arise, including the unavailability of key technology functionality by the UHIP vendor that the Contact Center vendor depends on at particular implementation milestones. Vendors should also be encouraged to demonstrate flexibility to collaboratively work towards common goals and ultimately establish lines of accountability once a steady state is reached.

Performance/Service Level Requirements

There are several fundamental factors to consider in establishing performance measures and/or service level requirements:

- **Indicators should be meaningful from the consumer standpoint:** Quantitative measures do not necessary translate to an optimal consumer experience. Whether someone waited 30 or 40 seconds on hold may be less important to most consumers than their experience once a Customer Service Representative is available. While quantitative measures are easy to collect and document, they are only part of the story. Customer Satisfaction Surveys are an efficient, cost-effective, and reliable tool for measuring the qualitative consumer experience. Quantitative measures should be limited to only those that are meaningful from a consumer standpoint.
- **Performance measures should be internally consistent:** Quantitative Service Level Requirements should complement and reinforce one another. Setting one factor at a more stringent level nullifies the effectiveness of the other. For example, abandonment rate (the percentage of callers who give up before speaking with a Customer Service Representative (CSR) is highly correlated with average time on hold. Setting the average delay at 10 seconds and the abandonment rate at 7 percent makes the latter standard meaningless, since meeting a 10 second average delay will require an abandonment rate of less than one percent. Internal consistency is not always self-evident, however. Therefore, it may be helpful to invite prospective vendors to suggest amendments to the state's initial set of Service Level Requirements if doing so will make them more internally consistent.
- **Balancing performance with cost-effectiveness and a competitive procurement environment:** Performance Standards designed to produce the most positive customer service experience possible should be balanced with the need to use resources prudently. As a practical matter, requiring extremely short hold times is directly correlated to increased staffing levels and large amounts of idle time for Contact Center employees when call volumes drop, as they frequently do during a typical workday. This is not only expensive; it jeopardizes the long-term sustainability. It can also inhibit the response of qualified vendors to an RFP because some companies may consider very strict quantitative standards too risky without a price that is self-evidently unaffordable. Rather than investing the time and resources in developing an unaffordable proposal, these vendors may choose to pass on the opportunity entirely.

With these factors in mind, the following Service Level Requirements may be appropriate and internally consistent for an Exchange operation of the size and scope described in the draft RFP:

1. Receiving a busy signal is the worst possible customer service experience and should be held to very high standards. With a properly sized telephony infrastructure, experienced vendors should be able to commit to meeting a blocked call rate of less than 1 percent without reservation.
2. Typically, vendors are held to either a percentage of all calls answered within a specific threshold or an average hold time for all calls answered by a CSR. We recommend either a standard of 75 percent of calls answered in 120 seconds or less, or an average hold time of 60 seconds measured monthly.
3. Abandonment rate not to exceed 7 percent for calls that are placed in queue for a CSR.
4. Assuming that Rhode Island would allow callers to leave requests for a call back during non-office hours, calls should be returned within 4 hours of the start of the next business day.
5. Post call surveys that elicit responses from callers on the quality, timeliness, and overall satisfaction with the service provided. Setting numerical targets for customer satisfaction ratings is best left to

discussions post award to assure that they meet the vision of the Rhode Island Health Benefits Exchange. These targets may change over time as the Exchange evolves, and the best approach is to allow the Exchange and the selected Contact Center vendor to collaborate to reach the best outcome.

6. A 24/7 Contact Center is a laudable goal that can be met through a combination of technology and self-service outside of traditional business hours. A well-designed IVR in combination with the web portal gives Rhode Island consumers the opportunity to transact business at all times. For those who need personal help, a callback feature complements local Navigators and in-person assistance. Personal assistance through the Contact Center on a 24/7 basis is very costly and inherently inefficient during periods of low call volume.
7. It is always beneficial when a Contact Center caller only has to speak with one person. But in a programmatic environment that blends Medicaid, CHIP, the Exchange subsidized and unsubsidized, populations, and small business employers and workers, this is a goal that could quickly become counter-productive, especially when processes like eligibility determination and health plan selection are factored into the equation. The most efficient way of staffing, training, and equipping a Contact Center with a complex scope of deliverables is through the creation of customer service task queues, in which the most complex calls are routed to the most skilled and knowledgeable individuals. The ultimate goal is for callers to have their needs met fully, accurately, and in accordance with program policies and goals. While this may often occur with the original Customer Service Representative, sometimes it won't. The SLRs should recognize and incorporate this fundamental reality of an Exchange-based Contact Center. First call resolution should be defined as one call with the potential of transfers to other personnel during the same call, and no repeat call for the same reason.

Forecasting, Staffing, Scheduling

One of Rhode Island's guiding principles is "simplicity." Simplicity is achieved through well defined and carefully orchestrated planning, which in and of itself is not simple. The RFP should include a requirement for sophisticated modeling tools to support operational forecasting and staffing to align with projected service volumes. Vendors must be able to precisely model customer contact business processes and associated staffing needs, including accommodation of natural call volume seasonality (more calls on the Tuesday after a federal holiday, fewer on particular days of the week or at certain times of the day). In their proposals, vendors should describe how they identify and mitigate customer service fluctuations and potential bottlenecks.

While leveraging an existing contact center provides significant benefit, it is not a universal remedy from a personnel standpoint. New people must still be hired and trained. To maximize the ability to recruit across a broad range of potential applicants, the RFP will benefit from giving vendors the flexibility to adopt modernized staffing approaches, including home-based agents (with the necessary security and privacy protections). Some commercial call center models rely on CSRs that answer calls for multiple clients; that may be fine for selling goods and services, but is not tenable in the State Health Exchange market. The range of knowledge necessary to support one state's unique circumstances requires dedicated agents.

Prospective vendors should also demonstrate an ability to rapidly scale up and down to accommodate demand in relation to predictable and cyclical events, such as annual open enrollment. To protect the State against uncertainty in volume estimation, the State could also consider a pricing structure that allows the vendor to be reimbursed for both fixed infrastructure costs that will not vary by volumes, and variable costs such as phone calls. More information about this approach is provided later in this document in the "Pricing" section.

Training and Development

An appropriate training program combines industry standard customer service content that is suitable across similar projects—such as cultural competency, empathetic and sensitive listening skills, HIPAA compliance, and how to handle difficult or contentious situations—with content that is specific to a particular project (the role RIteCare plays within the overall Rhode Island health insurance landscape, for example).

Prospective vendors should be able to demonstrate an ability to meet both training needs in a manner that is flexible and cost-effective. To help vendors prepare responsive proposals, the State should stipulate any content they will provide or expect to be included. On the other side, vendors must be able to demonstrate an ability to produce suitable content with minimal demand on State resources and time.

Additionally, the RFP should indicate the extent to which the UHIP vendor will provide training on the use of its technology and the extent to which the Contact Center vendor must develop its own training content and materials in relation to the UHIP system(s).

Finally, vendors should show how ongoing training is provided both on demand and in real time (through an online Knowledge Management System, for example) and to mitigate performance issues on an individual or unit basis. Vendors should be required to demonstrate the capability to implement an ongoing training program that addresses "just in time" staffing needs.

To the extent that the Contact Center scope includes training and possible certification of Navigators, application counselors, brokers, and entities carrying out presumptive eligibility, expectations should be articulated in the RFP. There are clear overlaps in the training content and methods for Contact Center staff and external assisters that can be exploited to the Exchange's advantage by including this scope.

Quality Assurance Program

Quality assurance is a functional area of critical importance to contact center success. To protect its interests, minimize the need for State intervention or corrective action plans, and promote the highest levels of accountability and transparency, the following methodologies should be considered as mandatory RFP requirements:

- Recording and digital archiving of all calls received by the Contact Center
- Empirical evidence of a prospective vendor's quality assurance rigor and experience, based on national or internationally-recognized standards or by a similarly credentialed quality-oriented external organization
- An example of a working quality assurance plan in place in a project of comparable scope and target population
- Client satisfaction survey results for the two most recent annual survey periods ("client" being defined as the vendor's government agency customer)

Contact Center Service Operations

The Contact Center as envisioned by the Health Benefit Exchange's mission, vision, and guiding principles will be a place where uninsured or under-insured Rhode Islanders can find answers to their questions, initiate an application, provide missing information, select a health plan, manage their account, and potentially make a premium payment (depending on the final scope). It will also initially be a door to Medicaid and later to other means-tested health and human services programs.

It will be much more than a call center, although phone-based communication will likely be its mainstay. By offering click to chat, co-browsing, and electronic communication, the Contact Center will accommodate a rich array of consumers, including those oriented to mobile devices and social media.

From the consumer perspective, the Contact Center will complement the Exchange portal, serving as a kind of Help Desk for consumers who are self-directed and inclined toward virtual transactions. On the other side of the customer support continuum, the Contact Center will support and magnify the positive impact of Navigators, brokers, and other local outreach and application assistance resources.

For all these reasons, the Contact Center procurement should be structured in a way that reflects its unique position in a progressive state. While commercial models may have lessons to consider, it will be important not to rely on these models as prototypes of what the Exchange wants and needs. The closest analogue may be a modernized Medicaid or CHIP Contact Center that is integrated with local outreach resources and a transactional website.

General Education

General education is a function that embodies a wide range of inquiries from a broad and diverse consumer population. It will include assistance to people who are making first contact with subsidized health insurance as well as people who have a long and successful history with existing programs such as RIteCare. Some people who call will be well versed in what the Exchange offers, while others will be confused and perhaps even intimidated. Some may even be antagonistic to the Exchange's mission within the context of the federal law. Over time, the Contact Center may primarily help enrollees rather than new applicants; which means the concept of "general education" must be flexible and responsive to evolving needs and expectations.

Implementation of the ACA will require many consumers to shop for insurance coverage for the first time. While shopping for coverage would be a daunting task by itself, it is complicated by the availability of subsidies that may not be easy to understand linked to an eligibility process where mistakes could easily be made. A CSR needs to be able to address consumer questions directly and meaningfully even when the consumer may not fully understand what they are asking about.

At the highest level, consumers with general education inquiries fall into two groups: those who are comfortable with self-service and those who want to speak or chat with a CSR. The RFP should specify with greater clarity what kinds of inquiries the vendor is expected to receive, how they should be handled, and when they are likely to be escalated or routed to a subject matter expert.

To assess a vendor's ability to handle each of these groups, the RFP should pose the following questions:

- How will the IVR be designed to provide answers to the most common questions?
- How will the IVR iteratively change based on actual consumer inquiry patterns?
- What kind of informational resources will be available on-demand to a CSR when he/she is unable to immediately answer a question based on his/her training and experience?

Encounter Support and Management

Encounter support is primarily managed through the CRM that documents time of calls, type and length, outcome, and case notes (when appropriate). The CRM records interactions and the ACD provides an audit history of the path each interaction took within the Contact Center. The IVR documents how consumers navigate the choices and the extent to which some of them rely entirely on self-service.

The CRM should be oriented to a task management approach rather than the traditional caseworker model in which a single person assumes custody of a consumer's needs and inquiries on an ongoing basis. Efficiency in a Contact Center is maximized when callers can be directed to the most suitable available CSR, based on the nature of the call (as identified in the IVR) and CSR training and experience. Once a caller provides the basic inputs to the IVR, he/she can be directed to the available CSRs who are most likely to be able to provide the correct type and level of assistance from the start. From there, escalation to other resources can occur on an as-needed basis.

Managing these task queues, and configuring them in alignment with the IVR, is a key CRM deliverable.

Application Assistance/Eligibility Screening

A key input into a Contact Center's efficiency and productivity is the way in which data input screens are exposed in the CRM and presented to a CSR. Unlike a website, which is designed for a broad audience with little or no pre-existing knowledge, a Contact Center system should be optimized for use by trained professionals.

So that vendors can correctly anticipate how the system will affect their staffing and training needs, the RFP should indicate whether the UHIP vendor will provide specialized screens that are optimized for CSRs (as opposed to the CSRs using the public-facing web portal). If specialized screens will be provided, examples of those screens in the RFP will help vendors develop appropriately scaled responses for the application assistance and eligibility screening requirements. If these are present, it will greatly enhance the efficiency of trained CSRs, and in turn affect the price vendors are likely to develop in response to the RFP.

Ideally, CSRs should be able to tab through fields on specialized screens and skip steps as they receive information from a consumer. These screens should be dynamic in nature, allowing the CSR to view relevant application questions and collapse unnecessary questions from view.

If the Contact Center vendor must rely on the public facing portal for application support, it will be beneficial for the UHIP vendor to develop co-browsing capability, enabling CSRs to assist consumers as they work through the online portal in real time, and to reflect that in the RFP. Also, the RFP should indicate whether the Contact Center may refer consumers who prefer not to apply online or over the phone to Navigators or other application assisters to support their application needs. The breadth of the Contact Center role in this regard has implications for the functionality of scheduling software that might be needed.

Eligibility screening can be performed simply by exposing the same screening tool used on the consumer web portal as part of the CRM. Eligibility screening does not require linking the consumer to a new or existing case in the system of record. The questions are simple, and not specific to an individual. The RFP should confirm whether the UHIP vendor will provide this type of productive functionality as its availability will improve the cost-effectiveness of the overall Contact Center solution.

Enrollment

The enrollment process includes the health plan shopping experience that is a fundamental feature of the ACA law. While this experience is easy to conceptualize in an online environment—with "smart screens" that help a consumer to refine his/her choices based on iterative input—it becomes more difficult to design in a Contact Center environment. That is because the assistance a CSR provides must walk a delicate line between explaining the available choices and not implicitly guiding a consumer to a particular outcome.

The closest analogue to this "delicate line" is the role enrollment brokers play in Medicaid managed care environments. Like the Exchange, Medicaid consumers must be given enough information to make a sound choice but in an "unbiased" or non-directive way. This is a skill that is not easily acquired, particularly among firms that are oriented to a commercial model in which achieving a particular consumer selection is the explicit goal.

Given the implementation schedule, there is no time for a learning curve in this regard, nor will the State have the resources to assist a vendor who is unfamiliar or inexperienced with the "unbiased counseling" concept. To reduce risk, the safest and most logical course of action is to limit the procurement to only those vendors with comparable and relevant experience. Alternatively, if this would be too limiting from a competitive standpoint, the RFP could ask vendors to demonstrate their ability to reliably meet this requirement, with this capability being a relatively high weighted score in the evaluation tool.

While Exchange health plan shopping and enrollment is a well-defined Contact Center process within the context of ACA, it is less clear for Medicaid consumers, SHOP employers, and SHOP employees. The RFP should indicate the Contact Center's enrollment responsibilities for those populations. If Medicaid enrollment is included in the scope, will the UHIP system facilitate these transactions or will another system be used for that purpose?

Enrollment Exceptions

We interpret "enrollment exceptions" to be situations in which the members of a family may qualify for different programs, creating unique enrollment situations in relation to each program. It will be important for the RFP to articulate the following:

- Whether any existing Medicaid enrollees will be rolling over into Exchange qualified health plans and, if so, the role of the Contact Center in facilitating these transactions
- The Contact Center's responsibility to escalate enrollment exceptions to another entity, the manner of this transfer, and whether the Center has any ongoing duty to monitor the situation's outcome
- Whether any technology systems will come into play for the Contact Center besides UHIP
- The role of the Contact Center, if any, for the blind, disabled, and aged Medicaid populations
- The responsibility of the Contact Center to solicit and/or process missing information

Referrals to Other Agencies, Organizations

Rhode Island has outlined a system that relies on the routing of certain call types via warm transfers to other entities. The RFP should address how the other agencies will assure sufficient staff to answer the calls generated by the warm transfers. To appropriately respond to this requirement, vendors will also need information about how and when hand-offs will be needed in relation to the following entities:

- Any entity associated with the Medicaid program
- DHS local offices
- Health plans
- Entity (or entities) handling the grievance and appeals process
- Agents and brokers
- Navigators
- Financial management vendor
- Other local organizations involved in outreach and/or application assistance

While most of these hand-offs will occur by phone, the RFP should also specify the State's expectations for consumers who interact with the Contact Center by online chat, e-mail, and text messaging and stipulate if any encounter data needs to be integrated with the receiving party's CRM.

Employer/Employee

The RFP should specify the extent to which the Contact Center is responsible for supporting employees participating in the SHOP.

If this is an open question, the State should consider a model in which employers manage their employee rosters through the automated web portal. The Contact Center can support this effort by answering questions and providing general assistance. But it will not be cost-effective for the Contact Center to handle employee enrollment nor would it be consistent with the traditional employer-sponsored health insurance model that many employers are familiar with. Further efficiencies can be gained by limiting paper transactions in the SHOP to employer registration forms with the remainder of the transactions being handled online. Employers who will not use the online portal can be assisted by the Contact Center or directed to agents or brokers (or employer-oriented Navigators), recognizing their role as the traditional resource for small firms seeking health insurance for their workers.

Technical Equipment and Infrastructure

At a minimum, the UHIP vendor will provide the technology that supports the Exchange business processes including workflow, the enterprise service bus, task generation, integration layer attributes, financial management, help desk ticketing systems, and functions as the ultimate system of record. In addition, depending on the scope of the contract, the UHIP vendor may also supply the technology that is specific to the Contact Center: IVR, PBX, ACD, and CRM.

If the UHIP vendor provides all of the technology, the following should be clarified in the RFP:

- How Contact Center performance standards, penalties, and any other performance-based requirements will be adjusted or waived if they are directly related to technology failures and/or delays outside of the Contact Center's control
- What responsibilities the Contact Center vendor will have for reporting (given that the underlying systems are owned and supported by a different vendor)
- The manner in which the UHIP and Contact Center vendors will work with one another and the role of the State in facilitating or supporting this relationship
- Whether any of the UHIP staff will be co-located with the Contact Center during implementation and/or the operational phase

- Help desk support
- The role of the Contact Center, if any, in suggesting or requesting system modifications or upgrades

If the Contact Center vendor is responsible for the IVR, ACD, PBX, and CRM, the following should be clarified in the RFP:

- Whether and how data from the UHIP system will be integrated with the IVR and CRM
- Which vendor is responsible for this integration
- What screens from the UHIP vendor will be exposed in the CRM
- The state's role in reviewing and approving the CRM design
- The state's expectations for testing and readiness review
- How/whether the UHIP vendor will support Computer-Telephony Integration, which allows for more efficient CSR performance by presenting "screen pops" that direct the CSR to the right record in the system of record based on data collected in the IVR. Depending on the CRM used, this can lead even deeper into call scripting and next steps to make calls more actionable.

The scope and capability of the CRM will need to be specified to facilitate an "apples to apples" comparison among vendors. In specifying this, it will be important to remember that customization of a full-featured CRM takes time, particularly if it is to be functionally integrated with other systems provided by the UHIP vendor. There will inevitably be a tradeoff between the sophistication of the CRM requirements and their feasibility within a short implementation window. Given the unforgiving time constraints, erring on the side of simplicity will reduce risk and increase the odds of a successful rollout. The CRM will likely evolve in the years to come, and that would be the time to consider modifications to increase its functionality. Within the larger picture, a full-featured CRM at program roll-out is not as desirable as is an initial design strategy that is realistic and achievable.

Customization of a CRM can take many months, depending on the specifications and complexity of the design. If the contract execution target date is later than May 1, 2013, the RFP should specify remedies available to the Contact Center to facilitate an on-time implementation. These could include delay of particular functionality requirements, temporary waiver of CRM-related performance standards, and a more streamlined and limited testing protocol. There will be an inevitable tension between the timeline and the development and customization that is necessary for a productive and functionally meaningful CRM. RFP insights as to how this tension will be managed will significantly aid the vendor community in costing and scaling their CRM solution.

Facilities

As noted earlier in this document, the aggressive timeline makes it virtually essential that vendors be limited to those with an existing Contact Center that can easily be expanded to meet Rhode Island's needs at roll-out and in the future, as the Exchange grows and matures.

While some, and perhaps most, of the qualified vendors will have out-of-state Contact Centers, this may create some concerns about how the vendor will interact with key Exchange staff on a routine basis. One option to consider is a hybrid model that combines an out-of-state operation with an in-state project management office. Under this idea, a vendor could locate its primary operation out-of-state but open a relatively small office close to the Exchange for the individuals who will be the primary day-to-day contacts with the Exchange. This office could also be the focus for training and support for Rhode Island-based CSRs who work from home with a secure, virtual Contact Center environment. These people would have access to the same systems, informational resources, and support as the CSRs in the primary facility. The RFP should stipulate the extent to which the State supports or requires this kind of a hybrid approach.

Administrative Responsibilities

The primary objectives of these responsibilities should be: accountability for performance in relation to the Exchange's priorities and goals; and transparency in relation to the contract and the Exchange's responsibilities to the federal government and Rhode Island's elected leadership and its obligation to be financially self-sustaining by 2015.

Accountability and transparency are, of course, universal objectives in any government program, and they are frequently mentioned within a context that is more conceptual than realistic. The considerations outlined below are intended to create an operational environment in which these objectives can realistically be pursued.

Continuity of Operations Plan

Continuity of operations is not a theoretical idea for Rhode Islanders, given the state's recent experience with Superstorm Sandy. A Contact Center vendor that is at risk of temporary failure because of a natural disaster is one that has no ability to assure accountability in relation to its principal duties and contractual requirements.

The following should be mandatory continuity of operations elements of the Contact Center design:

- Failover procedures to another Contact Center within the continental United States that is already set up and processing customer support functions (failover to a commercial call center is less effective because of the unique cultural competency requirements and program knowledge that are prerequisites for an Exchange environment)
- Telephony solution that is redundant and housed in multiple data centers distributed across the country
- Documented vendor experience in at least one natural or man-made disaster in the last 12 years
- Submittal of a continuity of operations plan that is currently in use in a project of comparable size and programmatic scope

Reporting Requirements

If the UHIP vendor is responsible for all Contact Center technology, the RFP will need to recognize that the Contact Center vendor will be ill-equipped to produce its own reports. The design and implementation of any reporting requirements will need to be undertaken in collaboration with the UHIP vendor.

If the Contact Center is responsible for the telephony and CRM solution, then the minimum reporting requirements should focus on IVR activity, ACD traffic (volumes and lengths of calls), and compliance with quantitative SLRs.

Strategic reporting is a combination of technology and vendor expertise. Given that reality, it may be counter-productive and anti-competitive for the RFP to stipulate a particular approach. Rather, the RFP should invite vendors to describe how they measure and report on the efficiency of their business processes and tie reporting to quality assurance and ongoing improvement.

Additional Input

The following input is offered in addition to the Core Contact Center Requirement Areas.

Pricing

Developing a pricing model for a multi-channel and No Wrong Door Contact Center is not a simple thing. There are numerous, and frequently competing, priorities between flexibility (which can lead to contentious negotiations later) and certainty (which can force risk-averse vendors to adopt worst-case assumptions that lead to over-priced proposals).

There are pricing buckets that should be considered in the model: one-time implementation expenses and ongoing costs. In addition, the RFP should specify how the State intends to adjust its payment model to account for future modifications to the Contact Center scope and responsibilities.

For implementation expenses, the most cost-effective approach is likely to be one in which the State reimburses a vendor for actual expenses not to exceed an agreed-upon limit. That limit could be specified in the RFP and apply to all vendors; or the amount could be specified by each vendor as part of its cost proposal. Giving vendors the opportunity to state their own amount may be preferable from two perspectives: competition and giving vendors the ability to scale the cost of their implementation solution. The latter would be particularly important if the Contact Center is responsible for its CRM.

For ongoing costs, a methodology that combines fixed and variable costs is likely to produce the lowest cost proposals because it exposes vendors to the least amount of financial risk for a brand new operation with no historical data. This methodology should be compared to the other standardized cost model: per member/per month (PMPM). Under the PMPM approach, a Contact Center receives a specific amount each month for each Exchange enrollee. This could be a sliding scale, in which the PMPM amount decreases as enrollment increases.

The problem with the PMPM methodology is that it is inflexible and may not reflect actual customer service demand. Because there is no reliably predictable link between the number of Exchange enrollees and the number of contacts that will accrue in any particular month, vendors will be forced to adopt worst-case assumptions. This divergence between contact volume and enrollment will be particularly acute in the early months of the program, in which many more calls and electronic contacts are likely to ensue compared to actual enrollments.

The pricing model ideally should reflect two fundamental Contact Center realities: there are certain underlying infrastructure costs that must be paid, regardless of how many (or few) calls and electronic communications are received. And there are sliding costs related to actual call volume.

Under a fixed/variable model, a vendor proposes a monthly fixed cost and a monthly volume-based fee tied to Contact Center activity. The variable fee could be based on number of calls answered by a CSR or the length of a CSR-involved call. It should also account for self-service calls (which will, of course, be priced at a considerably lower level). If the preference is for a more predictable level of spending from month to month, a banded pricing model, where the Contractor is paid a fixed amount for a band of call volume that escalates in increasing steps as volume increases, can also provide enhanced value.

There is one other pricing opportunity to consider as the RFP is developed: whether and how to account for meritorious vendor suggestions which fall outside of the scope as defined in the RFP. Some vendors may bring best practice ideas to the table that are compelling to the Exchange but not included in the RFP's requirements. If the Exchange is open to optional ideas, should they be incorporated in the cost proposal?

There is significant merit to giving vendors this opportunity, but only if the best practices can be reasonably factored into the evaluation process. One approach to consider is the discretionary granting of bonus points for optional ideas the Exchange wishes to incorporate in its Contact Center contract. But this is only defensible if the Exchange understands the cost impact. An idea may be very appealing on its face but considerably less so when its cost is revealed later. Accordingly, bonus price scoring should be tied to the merit of an idea and its cost.

Evaluation

An RFP's evaluation assumptions and methodology often have a significant impact on the outcome beyond being the means by which a "best value" vendor is selected. Among the problems that can arise from a less-than-optimal evaluation approach are the following:

- **Misalignment between the State's goals and the resulting proposals:** If vendors do not understand a State's programmatic and budgetary priorities, they are unlikely to produce proposals that fully align with the State's resources, needs, and assumptions.
- **Proposals are uniformly unaffordable in relation to the budgetary constraints:** While withholding financial assumptions can maximize the competitive instinct among vendors, the reverse can also occur. With no context within which to structure their budgets, vendors can uniformly miss the mark on the high side.
- **Evaluators must make decisions between "apples and oranges":** If vendors do not have sufficient quantitative information to accurately scope and scale their proposals, evaluators will be forced to decide among proposals that are not grounded in the same procurement assumptions and programmatic foundation.
- **The lowest cost proposal must be selected, even if it is not the most desirable one:** Cost must be carefully incorporated in the evaluation process. In a worst-case scenario, the methodology could force evaluators to make a cost-based choice they know is not the optimal outcome.

These problems can be minimized or eliminated entirely with the following RFP elements:

- **The estimated volumes of each primary business activity should be provided, even if the State is not entirely comfortable with them:** If the State lacks confidence in its numbers, it is still preferable to provide them than to provide no numbers, in which case vendors are forced to generate their own. Without a common set of quantitative assumptions from which to work, vendors are likely to produce proposals that are so fundamentally different from one another in terms of capacity, cost, and complexity that evaluators will have no defensible way to compare them. If the State lacks confidence in its data, that should be noted along with a methodology for revising the selected vendor's business and pricing model if the numbers are not accurate within a specified range.
- **The State's programmatic priorities should be indicated with high-level evaluation criteria weights:** This does not mean revealing the evaluation tool. It does mean, however, that the evaluation criteria are grouped in five or six high-level categories and ranked in relation to one

another. Without these weights, vendors cannot develop proposals that are appropriately aligned with the state's priorities.

- **There is always a trade-off between cost and the scale of a vendor's approach:** In developing their proposals, vendors attempt to strike the optimal balance between quality and responsiveness to a state's goals on the one hand, and a cost that is justifiable within a public context on the other. To help vendors achieve the correct balance, the state should indicate the pricing methodology it intends to use. If it is part of an overall score, the weight of the cost proposal should be indicated in relation to the weight of the technical proposal.
- **To avoid uniformly unaffordable proposals, the State should consider publishing its high-level budgetary assumptions:** If there is a cost figure above which vendors should not go, publishing that number will increase the efficiency and transparency of the procurement, a valuable benefit in a time-constrained evaluation process. Doing this will also produce a collateral benefit: minimizing the risk of "scope creep" in which a "low-ball" vendor attempts to recovery its losses with hard-nosed negotiations each time the scope of the contract changes. Unfortunately, it is not unusual for government programs to go with a proposal whose cost seems almost too good to be true (particularly in relation to the other proposals) only to find their backs against the wall in future negotiation situations. Unscrupulous vendors submit bids they know are unrealistic and unsustainable based on the hope that cost adjustments later will right their ship. This situation can be sidestepped entirely by an evaluation methodology that has budgetary transparency from the beginning.
- **Avoid a cost proposal evaluation method that boxes in the evaluation team:** At the most basic level, this means avoiding any methodology in which cost is the tiebreaker among proposals that meet a minimum scoring threshold. It may also mean avoiding a methodology in which the points allocated to cost are formula-driven with no evaluation team discretion.

Possible Questions to Proactively Address in the RFP

The following are a set of questions that may be posed based on the limited amount of information provided in the draft RFP as well as clarifications that are often requested in Contact Center procurements with a government focus. While we have addressed some of these questions in the narrative response above, we pose these questions now with two goals in mind. First, some of them may be addressed in the RFP itself, which will be more efficient and productive within a procurement timeline that will undoubtedly be short. Second, if they cannot be addressed in the RFP, they should be considered a "heads-up" to the State staff overseeing the procurement, enabling responses to be drafted early in the process. The kind of information being solicited here is necessary to produce responsive, cost-effective, and affordable proposals.

- If there is a split in the way that Medicaid calls are handled, what type of specific Medicaid call would get referred out of the contact center?
- Are Customer Service Representatives (CSRs) expected to assist consumers using the standard public facing web portal screens or will there be highly optimized screens available from the UHIP vendor for efficient processing by the contact center?
- Will the Contact Center assist callers in creating an Exchange account, material fulfillment, Navigator search, plan/provider search? If so, will there be screens specifically designed for us by the Contact Center to handle these functions?

- Will there be a need to escalate calls outside of the Contact Center? If so, please specify the transfers required.
- Please be more explicit about the Contact Center's responsibility for Tier 2 calls (as outlined in the chart on p. 8 of the draft RFP).
- If the UHIP vendor provides the ACD, does this also include the PBX?
- Do local Medicaid offices handle all Medicaid paper processing? Is there a centralized processing facility that will be leveraged?
- Where will attestation verification documentation be sent and processed? How does the state envision documents being loaded into the Document Management System?
- Will employees function as individuals on the Exchange or will all interactions be managed by their employer/broker?
- Will the Contact Center support the Navigators, brokers, agents and assistor community? If yes, will this be transactional support or simple inquiry support? What is the expected volume of calls from each of these populations?
- Will the Contact Center require co-browsing capability?
- One of the communication channels identified in the draft RFP is "Text". Does the Exchange envision receiving and processing secure member information via text or is text messaging anticipated to only be a method for sending outbound notifications?
- Does the Exchange anticipate the email channel to be a secure form of email initiated via the member landing page in the HIX system? Or is the Contact Center to receive unsecured email messages from personal email addresses?
- Does the Exchange envision a certificate of exemption process that allows individuals to attest to an exemption or will the Contact Center vendor be responsible for collecting verifying information supporting an exemption?
- Will the Contact Center require an interface with the federal data hub to convey the exemption request or will exemption processing be performed in the UHIP system?
- Please confirm whether the only warm transfer from the Contact Center is to DHS for Medicaid participants.
- Please confirm that the SMEs are part of the Contact Center and will respond to inquiries via escalation.
- Is the Contact Center responsible for mail and paper processing? If so, please specify the scope of work.
- Please provide additional detail about how the Virtual Contact Center will work. Specifically, is there one toll free number, one IVR, one ACD supporting the Exchange, DHS and other state agencies? Or does the Contact Center infrastructure integrate with existing state IVRs, ACDs to promote seamless customer service to the caller?
- Please verify the anticipated milestones for this procurement including award date, contract execution date, start work date, and Go-Live date.
- In delineating the training and development requirements, please indicate whether this is limited to Contact Center staff or does the Exchange envision Navigator / Broker training as well as training for other entities, including potentially local DHS offices?

- Will the Contact Center vendor be responsible for providing the "Live Chat" tool or will it be responsible for using a tool previously procured as part of the UHIP contract?
- Will the online portal incorporate a knowledge management system (KMS) available to the Contact Center vendor? Will the Contact Center vendor be expected to develop a knowledge database and scripting independently from the online KMS?
- Are there any limits on where the contact center may be located?
- If Contact Center vendor is responsible for scheduling appointments with community-based navigators or brokers, will the scheduling software be provided by UHIP or must the Contact Center furnish it?
- Please confirm if the SHOP population and projected call estimates are for both employees and employers.
- What percentage of inbound calls will be referred or transferred out of the Contact Center?
- Will there be a separate financial management vendor that requires an additional integration between the CRM and the financial management system to field premium questions from employee/employers/individuals?
- What reporting functions are expected from the Contact Center vendor, given that much of the technology will be provided and controlled by the UHIP vendor?
- In general, what types of reports are required?
- What types of customer outreach and surveys will be necessary for the Contact Center? Specifically, is the Contact Center vendor expected to perform outbound campaigns? Will customer satisfaction surveys be a function of the IVR or based on outbound campaigns?
- Because appeals must be submitted in writing, please clarify what role, if any, is assigned to Contact Center to support appeals.